



Snohomish County

Public Works

Customer Service Center

3000 Rockefeller Avenue, M/S 607

Everett, WA 98201-4046

425-388-6440

1-800-562-4367

Traffic Pre-submittal Conference (SCC 30.66B)

Per Snohomish County Code 30.66B 020, prior to submitting your development project (site plan, rezone, commercial building, plat, short plat etc.) at Planning and Development Services (PDS), you must discuss your project with PDS staff in a Pre-submittal Conference.

The purpose of the Pre-submittal Conference is to review the traffic related aspects of your development proposal, to determine if a traffic study is necessary, and to ensure that the application is submitted with adequate information for the review process.

One hour, no fee Pre-submittal Conferences are held *by appointment only* on Tuesdays and Wednesdays at PDS offices located in the Drewel Building on the County Campus at 3000 Rockefeller Ave in Everett.

Instructions

Presubmittal conference appointments are booked “first come, first served” on receipt and completeness of the necessary documents. **On receipt of required documents noted below, an appointment will be scheduled via email. Appointments are generally two weeks out.**

Please submit the following items to the address above, or email them to Contact.PWCustomerServiceCenter@snoco.org:

1. The attached Pre-submittal Conference form, completed to the best of your knowledge.
2. A basic site plan of your project with all proposed accesses. Please note the closest public road.
3. A brief narrative of your project including the type of development and the number of homes/units. For commercial projects, also include the square footage and number of employees.
4. Your preferred meeting day: Tuesday or Wednesday, morning or afternoon.

View more information about pre-submittal requirement: www.codepublishing.com/wa/snohomishcounty/ (select “Title 30,” then “30.66B Concurrency and Road Impact Mitigation,” and then “30.66B.020 Pre-submittal conference”)

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Submit the following via US mail, fax (425-388-6494) or email
(Contact.PWCustomerServiceCenter@snoco.org):

- 1. this completed form,
- 2. a proposed site plan noting access, and
- 3. a brief narrative.

A no-cost 30.66B appointment will be scheduled and confirmed following receipt of above documents. Appointments occur Tuesdays or Wednesdays at Planning and Development Services (2nd floor of the Drewel Building, Snohomish County Campus).

*Required information.	
*Development/Project Name:	_____
*Over 50 Peak Hour Trips (PHT):	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, requires Traffic Scoping Meeting)
*Attach Site Plan & Narrative:	Show: scale, north arrow, public roads, dimensions of property, lot layout and critical areas (if known) and all access points. Briefly describe proposed project.
*Site Address or General location (office use only: ID: _____)	Street, city, zip code: _____
*Section/Township/Range:	S: _____ T: _____ R: _____
*Tax Parcel #(s): List all parcels – attach a separate sheet if necessary	_____ _____
*Applicant: (office use only: ID _____)	Name: _____ Firm: _____ Address/City/Zip: _____ Phone: _____ Email: _____
*Representative/Contact: (office use only: ID: _____)	Name: _____ Firm: _____ Address/City/Zip: _____ Phone: _____ Email: _____
*Project Type:	<input type="checkbox"/> Commercial _____ sq ft Office/retail/other _____ <input type="checkbox"/> CU <input type="checkbox"/> SP <input type="checkbox"/> Plat <input type="checkbox"/> Rezone <input type="checkbox"/> Site Plan Approval <input type="checkbox"/> Concurrent Boundary Line Adjustment <input type="checkbox"/> Modification <input type="checkbox"/> Other _____
*Proposed # lots or multi-family units	_____
*Existing Single Family Residence(s):	_____ To be removed? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Check one:	<input type="checkbox"/> Urban (inside UGA) <input type="checkbox"/> Rural (outside UGA)
*Zoning:	_____
List county roads impacted by proposal: If known, attach info for each proposed access	_____ _____

***** Office use only *****

Amanda PFN: _____

Appointment date: _____ Time: _____ Confirmed: _____

Dated routed to R/W review: _____ Date to TDR: _____

Traffic staff: _____

Drainage staff: _____

TSA: _____